

STFI

## **City of Seattle**

www.seattle.gov/dpd

Screening

Department of Planning and Development Applicant Services Center 700 Fifth Avenue, Suite 2000 P. O. Box 34019 Seattle, WA 98124-4019 (206) 684-8850

Project #:	 
Tracking #:	

**Project Impact** 

Sprinkler only

## **ASC COUNTER APPLICATION**

Inspector Authorized\*

			inspec	tor:					
Property	Address:								
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<u> </u>	THIS SECTION TO BE FILLED IN BY BUILDING OFFICIAL  ding ID # GIS Map # Zoning: Est. Value: \$ mit P/U Mail ECA/ESA ECA Category # Shoreline Historical  1 set Location Plan Yes No DPD Value: Alterations: \$ 2 sets Plot Plan Yes No New: \$ 2 sets Elevation Plan Yes No Total: \$ 2 sets Floor Plan Yes No PERMIT COST 2 sets Structural Plans Yes No 1 set Structural Calc's Yes No Permit \$ Review \$ Demolition \$ Investigation \$ Site Inspection \$ Weept Number: Bldg Surcharge \$ Weept North Alterations: \$  THIS SECTION TO BE FILLED IN BY APPLICANT  Description (if legal is too long, attach it to this form. If you do not have the information, call 296-7300 for your legal description								
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			Agent's	s Signat	ture: _				
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## **DPD Use Only**

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